

**U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT  
ENFORCEMENT AND REMOVAL OPERATIONS  
ICE HEALTH SERVICE CORPS**

**MEDICAL EDUCATION AND DEVELOPMENT**

**IHSC Directive: 01-04**

**ERO Directive Number: 11703.1**

**Federal Enterprise Architecture Number: 306-112-002b**

**Effective Date: 25 Mar 2016**

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**By Order of the Acting Assistant Director**  
**Stewart D. Smith, DHSc/s/**

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1. **PURPOSE:** This issuance sets forth the policy and procedures for designing and accessing training within IHSC.
2. **APPLICABILITY:** This directive applies to all IHSC personnel, including but not limited to, Public Health Service (PHS) officers and federal employees supporting health care operations in ICE-owned or contracted detention facilities and to IHSC Headquarters (HQ) staff.
3. **AUTHORITIES AND REFERENCES:**
  - 3-1. Title 8, Code of Federal Regulations, section 235.3 (8 CFR 235.3), Inadmissible Aliens and Expedited Removal;
  - 3-2. Section 232 of the Immigration and Nationality Act (8 USC 1222), Detention of aliens for physical and mental examination;
  - 3-3. Title 8, Code of Federal Regulations, section 232 (8 CFR 232), Detention of Aliens for Physical and Mental Examination;
  - 3-4. Section 322 of the Public Health Service Act (42 USC 249(a)), Medical Care and Treatment of Quarantined and Detained Persons;
  - 3-5. Title 42, U.S. Code, Public Health Service Act, Section 252 (42 USC 252); Medical Examination of Aliens.
  - 3-6. 5 U.S.C. Section 41, Training
  - 3-7. 5 C.F.R Part 410, Training
  - 3-8. ICE Directive 8-1.0: Unified Training Strategy and Functions of the Office of Training and Development

**3-9. DHS Training Plan**

**3-10. DHS Training Glossary**

**3-11. ICE Policy 2011.1: Tuition Assistance Program (TAP)**

- 4. POLICY:** Consistent with Department of Homeland Security (DHS) policy, IHSC staff will be provided with opportunities to improve the effective performance of assigned tasks, meet high priority medical education needs, and support a well-trained and highly skilled workforce in support of the President's Management Agenda (PMA) and mission of DHS.

- 4-1. Required Training:** IHSC staff is required to complete training as determined by numerous governing and accrediting bodies as well as IHSC policies either as one-time requirements or as specified at recurring intervals. The bulk of training requirements are subsumed in the two broad categories of ERO/ICE required training and IHSC mandatory annual training.

Note: New training requirements may be announced at any time and it is incumbent upon the individual IHSC staff member to complete training within the prescribed timeframe.

- a. Training records are maintained for each IHSC staff member. Training records may be in a paper format, electronic format, or a hybrid as determined by the local Health Services Administrator (HSA) or Unit Chief in consultation with the local Medical Training Officer (MTO).
- b. Printing individual training certificates is required only when necessary to resolve a discrepancy in the training record.

- 4-2. New Internal Training Programs:** All new IHSC training initiatives will utilize the instructional systems design model and will include:

- a. Designation of a topical subject matter expert
- b. Documentation of needs analysis or mandate
- c. Training Materials with instructor notes and/or curriculum
- d. Course Description
  - (1) Target audience

(2) Instructional format (self-study, instructor, lab, etc. or combination)

(3) Approximate duration

- e. Documentation of stakeholder review and approval
- f. Pre- and Post- test
- g. Knowledge Check
- h. Knowledge Check Answer Key
- i. Updating and storage schedules

**4-3. Review and Update of IHSC Mandatory Annual Training Materials:**

Training material updates will occur biennially by the Medical Education and Development Unit (MEDU). Requirements will be reviewed annually and an annual training checklist will be published on the MEDU SharePoint ® site.

**4-4. Tuition Assistance Program (TAP):** Federal Employees (other than Commissioned Corps Officers) are eligible to apply for financial assistance for academic, professional, or technical courses through accredited institutions during non-duty hours through the TAP.

**4-5. Continuing Education Funding:** Requests for individual participation and funding for extramural continuing education are made through the SF-182 authorization process with projections for the coming FY submitted through the individual's chain of command each July. While attendance at certain conferences is directed by the organization, individuals may request participation via the SF-182. Pending funding availability (as determined via the SF-182 routing process), priority will be given to low cost/no cost events and local training events. Many health disciplines and state licensure boards require varying degrees of continuing education to maintain and/or renew individual licensure. Individuals are responsible for complying with respective continuing education requirements for licensure.

**5. PROCEDURES:** Implementation of this policy requires the following actions by IHSC staff:

**5-1. All IHSC Staff:** Complete all required training by the established completion deadline and maintain proof of completion.

**5-2. All IHSC Federal Staff:** Submit requests for training annually each July through the supervisory chain for inclusion in the fiscal year data call, "Conference Projection List." Submit the SF-182 for any funded training

requests. Maintain copies of SF-182 approvals and provide proof of training completion.

- 5-3. Medical Training Officers:** Serve as Point of Contacts for all training matters in the medical clinic or headquarters unit assisting with access to training resources, monitor individual training records, and report compliance. Serve as liaisons to respective ERO Senior Field Training Officers for all matters related to medical training.
- 5-3. Unit Chiefs, Program Managers, and Supervisors:** Evaluate, prioritize, and incrementally approve funded and/or extramural training requests. Prepare and route respective “Event Planning Package.” Coordinate with topical subject matter experts to develop and maintain training required per IHSC policies and accreditation standards under the purview of their respective AOR. Annotate extramural training attendance on the IHSC headquarters shared calendar. May exercise discretion in granting additional administrative days in excess of five (5) for staff to participate in continuing education/training.
- 5-4. Deputy Assistant Directors:** Evaluate, prioritize, and incrementally approve funded and/or extramural training requests. Identify respective Subject Matter Experts for all current and new training materials.
- 5-5. Topical Subject Matter Experts:** Review respective training materials for consistency with applicable laws, rules, regulations, and accreditation and practice standards.
- 5-6. Resource Management Unit:** Determine availability of funds, serve as “Approving Official” for SF-182 Section E, route SF-182 to ICE Academy-Dallas for Section D, “Training Officer” approval.
- 5-7. Purchase Cardholders:** Maintain record of respective SF-182 to stand for audit.
- 5-8. Medical Education and Development Unit:** Provide guidance and support in the analysis, design, development, implementation, and evaluation to employ a systematic approach to training.

NOTE: Also see, *IHSC Access to Training Guide*, located at [All Guides](#) for additional training related information.

- 6. HISTORICAL NOTES:** This directive replaces Subsection 4-8 of Chapter 4 – Personnel from the legacy IHSC Policy and Procedure Manual. This is the first issuance published under the new Policy and Procedure System.

**7. DEFINITIONS:**

**IHSC Staff** – Includes all federal and contract personnel assigned to the IHSC.

**Medical Education and Development Unit (MEDU)** – The Medical Education and Development Unit is an IHSC unit under the Deputy Assistant Director of Administration that supports the ICE mission by arranging training for IHSC personnel to enhance and develop the provision and coordination of quality and cost effective health care for detainees, while advancing public health initiatives in order to foster a healthy environment for detainees and minimize health risks for law enforcement personnel, health care workers, and US citizens. (IHSC Operational Definition)

**8. APPLICABLE STANDARDS:**

**8-1. Performance Based National Detention Standards (PBNDS), 2011:**

7.3 Staff Training

**8-2. American Correctional Association (ACA)**

a. 4-4385, *Employee Orientation*

b. 4-ALDF-7B-05, *Training and Staff Development*

c. 1-HC-2A-06, 1-HC-2A-07, and 1-HC-2A-08, *Employee Orientation*

**8-3. National Commission on Correctional Health Care (NCCHC):**  
Standards for Health Services in Jails, 2014: J-C-03, *Professional Development*

**9. PRIVACY AND RECORDKEEPING.** IHSC maintains training records in accordance with General Records Schedule 1, Transmittal No. 24, Civilian Personnel Records. General Records Schedule 1, Section 29 Training Records. General Records Schedule 1.1, Financial Management and Reporting Records.

**10. NO PRIVATE RIGHT STATEMENT.** This directive is an internal policy statement of IHSC. It is not intended to, and does not create any rights, privileges, or benefits, substantive or procedural, enforceable against the United States; its departments, agencies, or other entities; its officers or employees; or any other person.